

# TOWN OF DEDHAM

## *Park & Recreation Department*

DOLAN CENTER  
269 COMMON ST  
REC# 781-751-9250  
POOL# 781-461-  
5991  
FAX# 781-751-9109



BOB STANLEY  
PARK & RECREATION DIRECTOR  
ERIN MACDONALD  
PARK & RECREATION CAMP DIRECTOR  
MILLIE SMART, ADM. ASST.

***Child's Name:*** \_\_\_\_\_

***Park:*** \_\_\_\_\_

### **Transportation Waiver**

I, (please print) \_\_\_\_\_ give my child permission to ride in the Dedham Recreation Dept. Van. The van will be used to transport the children to and from Playground Program activities within Dedham. Any trips outside of Dedham will require a separate permission slip specifically for that trip. I agree that my child will act in a proper manner while in the van, and I understand that failure to do so will result in the loss of transportation privileges.

***Signature:*** \_\_\_\_\_ ***Date*** \_\_\_\_\_

***Phone Number:*** \_\_\_\_\_

### **Photo Policy**

Please be advised that all participants involved in any Department of Parks and Recreation programs or special events are subject to being photographed. Such photographs may be submitted to the local newspapers and used in our end of the year playground video.

☐ I consent to pictures of my child being used in the above manor

☐ I do not consent to pictures of my child being used in the above manor

***Signature:*** \_\_\_\_\_ ***Date*** \_\_\_\_\_

Thank you for your anticipated cooperation.